| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | App | Application or Docket Number | | | |
|---|--|---|--|--|--------------------------|------------------|----------|---------------------------------------|------------------------|------------------------------|---|------------------------|--|
| | | | | | | | | | 101 593 455 | | | | |
| CLAIMS AS FILED - PART I SMALL ENT | | | | | | | | TITY | | OTHER | | | |
| | MATIONAL | 674.07.77 | (Colun | (Column 1) (Column 2) | | | - | TYPE | | OF | SMALL | ENTITY | |
| U.S. NATIONAL STAGE FEES | | | | | | · | | RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | | | | | | BASIC FEE | | OR | BASIC FEE | 2 v.C | |
| EXAMINATION FEE | | | | | | , . | 1 | EXAM. FEE | | 1 | EXAM. FEE | 200 | |
| SEARCH FEE | | | | | | | 7 | SEARCH FEE | 1 | 1 | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = |] [| X \$ 125 = | | 1 | X \$ 250 = | + | |
| TOTAL CHARGEABLE CLAIMS | | | 13 mi | nus 20 = * | | | 1 | X \$ 25 = | | OR | | | |
| INDEPENDENT CLAIMS | | | 2 n | ninus 3 = * | | | 1 | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | IDENT CLAIM PR | ESENT | · | | П | 1 | + \$ 180 = | | OR | + \$ 360 = | | |
| · If | the difference | e in column 1 is | less than zero | o, enter "0" | in co | olumn 2 | ן נ | TOTAL | | OR | TOTAL | 4797 | |
| AMENDMENT.A | Total Independent FIRST PRES | (Column 1) CLAIMS REMAINING AFTER AMENDMENT * SENTATION OF M | Minus Minus IULTIPLE DEPE | (Columnia HIGHE: NUMBE PREVIOU PAID FO | ST ER ISLY OR . | PRESENT EXTRA | | X \$ 25 = X \$ 100 = + \$ 180 = | ADDI- TIONAL FEE | OR OR OR | RATE X \$ 50 = X \$ 200 = + \$ 360 = | ADDI- TIONAL FEE | |
| | · | (Column 1) | | (Column | | (Column 3) | • | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | | |
| z I | T-4-1 | REMAINING AFTER AMENDMENT | | NUMBE PREVIOUS PAID FO | R SLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPE | NDENT CL | AiM | | | + \$ 180 = | - | OR | + \$ 360 = | | |
| | | | | 4 | | | े | OTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | | |
| *** | if the "Highest Nu If the "Highest Nu | mn-1-is-less-than-the mber Previously Paic mber Previously Paid nber Previously Paid | l For' IN THIS SP. I For' IN THIS SP. | ACE is less that | an '20' | , enter "20". | in the a | appropriate box | in column 1 | | | | |